

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040813

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 46

FILED NOV 6 1963

1. PLACE OF DEATH

a. COUNTY Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Caruthersville

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 1500 Read Adams StInside Limits
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscotc. CITY
OR
TOWN CaruthersvilleInside Limits
Yes ☐ No ☐d. STREET
ADDRESS 1500 Read Adams StReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Joseph

Diamond

4. DATE
OF
DEATH

Month

Day

Year

10

28

63

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/16/86

9. AGE (last birthday)

79

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
retired10b. KIND OF BUSINESS OR INDUSTRY
Laborer11. BIRTHPLACE (City and state or country)
Lyon, Mississippi12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Unk

13b. MOTHER'S MAIDEN NAME

Unk

14. NAME OF HUSBAND OR WIFE

Dead

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)
Yes WWI

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Eula Davis Caruthersville, Mo

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)
PneumoniaPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour s.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-26-63 to 10-28-63 and last saw him alive on 10-28-63

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial23b. DATE
10-31-6323c. NAME OF CEMETERY OR CREMATORY
Magnolia Cemetery23d. LOCATION (City, town, or county)
Caruthersville Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Carters Funeral Home C, Ville, Mo

25. DATE RECD. BY LOCAL REG.

11-2-63

26. REGISTRAR'S SIGNATURE

Jack W. Tipton

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0785

2 0785

3

4 9

5 0

6

7 1

8 0

9 331x

10

11

12 90-0

13 20

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jas. A. Carter

Licensed Embalmer No.

4681

P. O. Address

C'ville mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.